7160 3901 9848 1439 6027

Case 2:02-cv-04856-LS Document 13-2

TO:

LONDON, DAWN M.

DAWN M. LONDON

512 Wacousta Court Oxford, PA 19363

SENDER:

GOLDBECK MCCAFFERTY & MCKEEVER

November 26, 2003

REFERENCE: LONDON, BRUCE E. / USA-0176

TO:

Filed 12/15/2003

7160 3901 9848 1439 6010 Page 1 of 5

LONDON, BRUCE E. **BRUCE E. LONDON**

512 Wacousta Court Oxford, PA 19363

SENDER:

RETURN

RECEIPT

SERVICE

GOLDBECK MCCAFFERTY & MCKEEVER

November 26, 2003

REFERENCE:

PS Form 3800, June 2000

Postage

Certified Fee

Return Receipt Fee

Restricted Delivery

LONDON, BRUCE E. / USA-0176

- Chester

PS Form 3800, June 2000 RETURN Postage RECEIPT Certified Fee SERVICE Return Receipt Fee Restricted Delivery Total Postage & Fees

US Postal Service

Receipt for Certified Mail

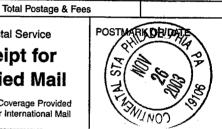
No Insurance Coverage Provided Do Not Use for International Mail



US Postal Service

Receipt for **Certified Mail**

No Insurance Coverage Provided Do Not Use for International Mail



GOLDBECK McCAFFERTY & McKEEVER Mellon Independence Center, Suite 5000 701 Market Street

			" (o) parcent	Complete by Tunavelter late and a surface in	To Tomacorio	Complete			2S Form 3877, April 1999	3S Form
The reconstruction of norm-general codemiques into a Express Maif document reconstruction insurance is \$50,000 piece subject to a limit of \$500,000 piece subject to a limit of \$500,000 per codimence. The maximum indemnity payable on Express Maif merchan insurance is \$500. The maximum indemnity payable is \$55,000 for registrate mail, sent with optional postal insurance. Maintend Mail Manual R900, \$913, and \$921 for limitations of coverage on insured and COD mail. See Integrational Manual for limitations of coverage on international mail. Special handling charges apply only to Standard Mail (A) is considered that in the construction in the construction of the	The madmum ind S25,000 for registers tons of coverage or tions of coverage or ill. Special handling	numbe documents ind ,000 per occurrence. Indemnity payable is 3 Indemnity payable is 3 3, and 3021 for limits e on international ma	pleo subject to a limit of \$500 insurance is \$500. The madmum formestic Mail Manual R900, 381 Manual for limitations of coverage formestic formestic for limitations of coverage formestic for limitations of coverage formestic for formestic formestic formestic formestic formestic formestic for formestic formestic formestic formestic formestic for formestic formestic formestic formestic formestic formestic for formestic for formestic formestic for formestic formest	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		•		·		
polyment and the manusique	and immunational re	operation in the parint	full declaration of yalus is fu	₹ 3	ing employee)	(Name of receiv	Postmaster, Per (Name of receiving employee)	Total Number of Pieces Received at Post Office	P)ecas	Total Number of I
	*		·				····			15
						•				14
										13
										12
,							d Feb			=====================================
	-									10
			-							φ
					<u>-</u>			- Ave		00
· · · · · · · · · · · · · · · · · ·	_±		_							7
NOV 25 2003	40453) FROM 3							<i>ં</i>	OCCUPANTS/TENANTS 512 Wacousta Court Oxford, PA 19363	σ.
NEY BOWES	Samos Asmin Comments	UN							PO Box 2748 West Chester, PA 19380	ن ن
A Commission of the Commission		ITED .	(9)08					DOMESTIC RELATIONS OF CHESTER COUNTY 117 West Gay Street	DOMESTIC RELATIO	4
	ES POSY							; - Room 432 575	Health and Welfare Bidg Room 432 P.O. Box 2675 Harrisburg, PA 17105-2675	ω
	3 6		26					PUBLIC WELFARE Enforcement	PA DEPARTMENT OF PUBLIC WELFARE Bureau of Child Support Enforcement	N
75	3	8000		Cial ye						
D H	DC SC SI	Due Sender RR	Value insured	- 6		Postage	rt and PO Address	Addressee Name, Street, and PO Address	Article	들
te of mailing, lonal copies of Postmark and	as certifica or for additt this bill.	check below:	7) for Merchandise	Return Receipt (RR) for Merchandise Certified Int'l Rec. Del. Pet Confirmed	أمممر	Express Registered Insured COD		Philadelphia, PA 19106-1532	Philadelphia, P	of A N
		If Renistated Mail				}		eet	/U1 Market Street	

Complete by Typewriter, ink, or Ball Point Pen

Domestic Return Receipt	PS Form 3811, July 2001 Domestic F
	GOLDBECK MCCAFFERTY &MCKEEVER QLONDON, BRUCE E. / USA-0176 — Chester
	2:02
	-CV
-	Oxford. PA 19363
	%12 Wacquista Court
	DAWN M. LONDON
	JONDON, DAWN M.
	1. Article Addressed to:
	4. Restricted Delivery? (Extra Fee) Yes
	3. Service Type CERTIFIED MAIL
D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	tum
X June Addressee	2760 3407 4494 TCS 0912 0 0
C. Signature	
The following of the state of t	
COMPLETE THIS NON ON D	2. Article Number
Domestic Return Receipt	PS-Form 3811, July 2001 Domestic F
	GOLDBECK MCCAFFERTY &MCKEEVER LONDON, BRUCE E. / USA-0176 - Chester
	200
	Oxford, PA 19363
	512 Wacousta Court
	RUCE EL LONDON
	GONDON, BRUCE E.
	Article Addressed to:
	stricted Delivery? (Extra Fee)
	3. Service Type CERTIFIED MAIL
D. Is delivery address different from item 1?	OTOP LEHT 9496 TOISE 0912
`	
2002 LONGO 11/28/	
A. Received by (Please Print Clearly) B. Date of Delivery	

í

UNITED STATES DISTRICT COURT

FOR THE

EASTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA

Plaintiff

CIVIL NO. 02-CV-4856

vs.

BRUCE E. LONDON DAWN M. LONDON

Defendants

AFFIDAVIT PURSUANT TO RULE 3129

THE UNITED STATES OF AMERICA, Plaintiff in the above action, by its attorney, Joseph A. Goldbeck, Jr., Esquire, sets forth as of the date the praecipe for the writ of execution was filed the following information concerning the real property located at:

512 Wacousta Court Oxford, PA 19363

1. Name and address of Owners or Reputed Owners:

BRUCE E. LONDON 512 Wacousta Court Oxford, PA 19363

DAWN M. LONDON 512 Wacousta Court Oxford, PA 19363

2. Name and address of Defendants in the judgment:

BRUCE E. LONDON 512 Wacousta Court Oxford, PA 19363

DAWN M. LONDON 512 Wacousta Court Oxford, PA 19363

3. Name and last known address of every judgment creditor whose judgment is a record lien on the property to be sold:

DOMESTIC RELATIONS OF CHESTER COUNTY 117 West Gay Street PO Box 2748 West Chester, PA 19380 PA DEPARTMENT OF PUBLIC WELFARE Bureau of Child Support Enforcement Health and Welfare Bldg. - Room 432 P.O. Box 2675 Harrisburg, PA 17105-2675

- 4. Name and address of the last recorded holder of every mortgage of record:
- 5. Name and address of every other person who has any record interest in or record lien on the property and whose interest may be affected by the sale:
- 6. Name and address of every other person of whom the plaintiff has knowledge who has any record interest in the property which may be affected by the sale.
- 7. Name and address of every other person of whom the plaintiff has knowledge who has any interest in the property which may be affected by the sale.

OCCUPANTS/TENANTS 512 Wacousta Court Oxford, PA 19363

(attach separate sheet if more space is needed)

I verify that the statements made in this affidavit are true and correct to the best of my personal knowledge or information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

DATED: December 2, 2003

GOLDBECK McCAFFERTY & McKEEVER BY/Joseph A. Goldbeck, Jr., Esq.

Attorney for Plaintiff